

No 31

Str.

19 South 7th

Paper March 5th 1828

An
Inaugural essay
on
Mania a potu
for the
Degree of Doctor of Medicine
in the
University of Pennsylvania
by
W^m Collins of
Virginia
January 2^d 1828.

1812

1812

1812

1812

1812

1812

1812

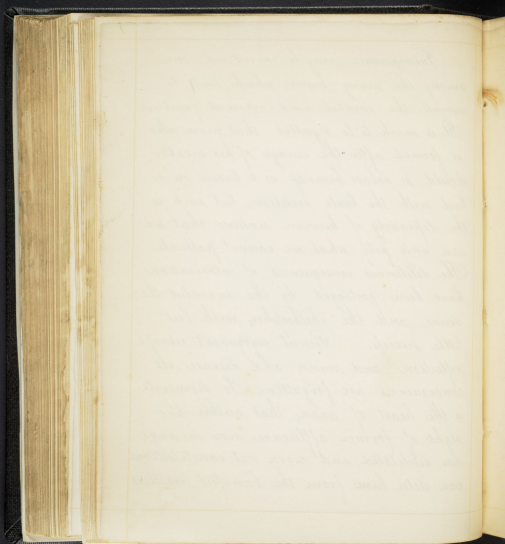
1812

1812

Intemperance may be considered one among the many sources which tend to enervate the mental and corporeal faculties.

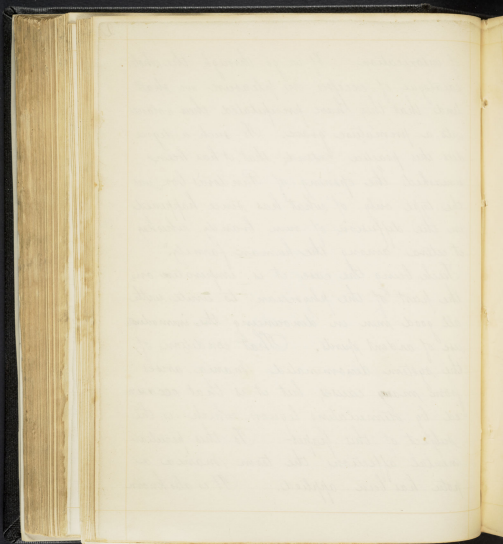
It is much to be regretted that man who is formed after the image of his creator should so debase himself as to become on a level with the brute creation; but such is the depravity of human nature that we can only pity what we cannot palliate.

The deleterious consequences of intoxication have been portrayed by the moralist, the divine and the philosopher, with but little success. Present enjoyment usurps reflection ~~and~~ misery and disease its consequences are forgotten. So degenerate is the heart of man, that neither the sight of former affluence now in rags, nor debilitated and worn out constitutions can deter him from the baneful practices



of intoxication. If we go through the whole catalogue of excesses in pleasure we shall find that they have precipitated their victims into a premature grave. To such a degree does this practice extend, that it has been remarked "the opening of Pandora's box, was the type only of what has since happened in the diffusion of rum, brandy, whiskey et ultra among the human family."

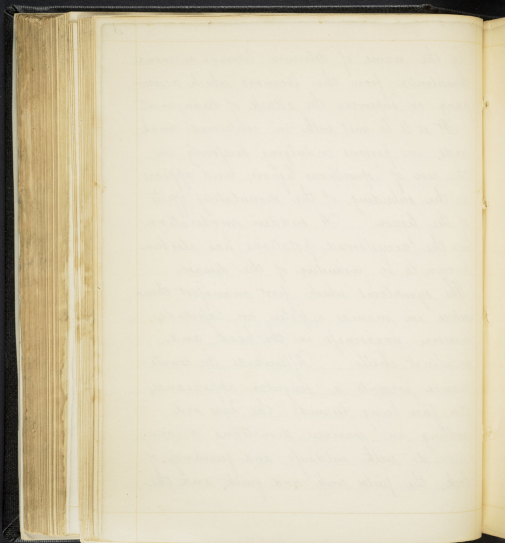
Such being the case it is imperative on the part of the physicians to unite with all good men in denouncing the immoderate use of ardent spirits. That condition of the system denominated Mania arises from many causes, but it is that occasioned by stimulating liquors which is the subject of this paper. To this peculiar mental affection the term Mania a potu has been applied. It is also known



by the name of *deterium tremens* or *mania stimulantia* from the tremors which accompany or supervene the attack of derangement.

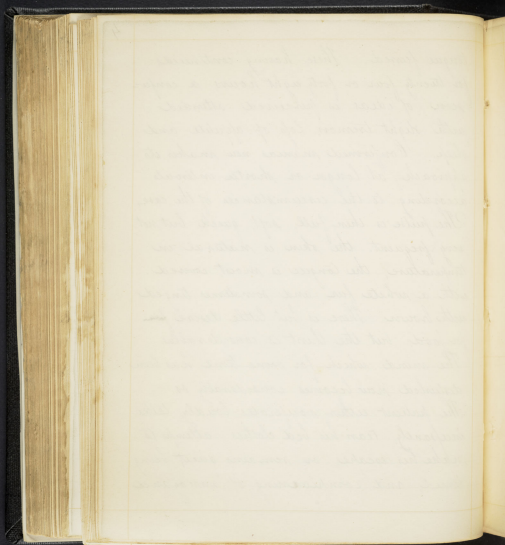
It is to be met with in confirmed drunkards, in persons indulging excessively in the use of spirituous liquors, and appears on the subsiding of the stimulating effects of the liquor. A sudden moderation in the accustomed potations has also been known to be productive of the disease.

The symptoms which first manifest themselves in *mania a potu*, are *capitade*, nausea, uneasiness in the head and indistinct chills. Afterwards the countenance presents a singular appearance, the face being tumid, the eyes red, rolling in various directions accompanied with wildness and quickness of look; the pulse weak and quick, and the



tongue furred. These having continued
 for twenty four or forty eight hours a confu-
 sion of ideas is perceived attended
 with slight tremors, loss of appetite and
 sleep. Confirmed mania now makes its
 approach at longer or shorter intervals
 according to the circumstances of the case.
 The pulse is then full, soft, quick, but not
 very frequent. the skin is natural in
 temperature, the tongue is moist, covered
 with a white fur, and sometimes tinged
 with brown. There is but little desire ~~for~~
 for food, but the thirst is considerable.

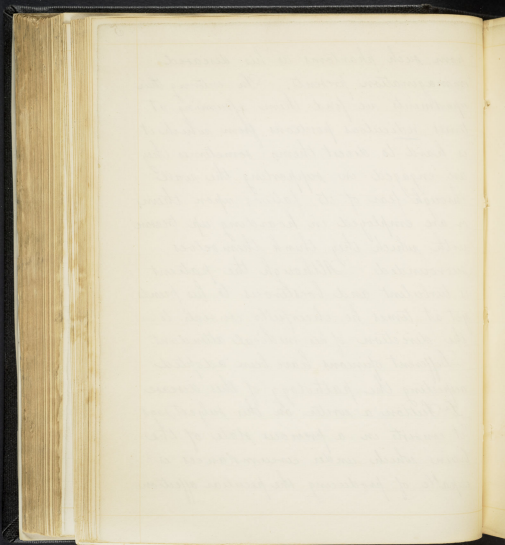
The mind which for some time has been
 disturbed now becomes considerably so.
 The patient either vociferates loudly, talks
 incessantly, tears his bed clothes, attempts to
 make his escape, or remains quiet lang-
 uid, and complaining of annoyance.



from such phantoms as his diseased imagination presents. In entering their apartments we find them assuming at times ridiculous positions from which it is hard to divert them: sometimes they are engaged in supporting the wall through fear of its falling upon them, or are employed in hoarding up treasure with which they think themselves surrounded. Although the patient is turbulent and boisterous to his friends yet at times he cheerfully consents to the direction of his medical attendant.

Different opinions have been adopted respecting the pathology of this disease.

Dr Sutton a writer on this subject says "It consists in a previous state of the brain which under circumstances is capable of producing the peculiar affection



treated of," and also considers it a serious affection or disorder of the brain.

Dr Armstrong is inclined to the same opinion, and states that the disorder in question seems to be accompanied with a partial congestion of the brain and liver, from which together with nervous irritation it perhaps derives most of its peculiar characters.

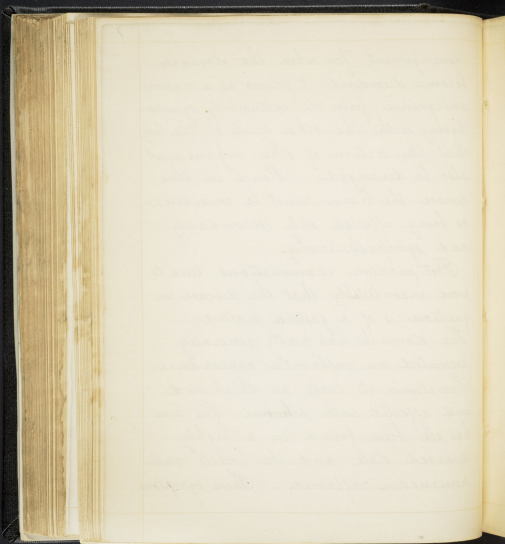
But we are compelled to disregard this statement when we reflect on the relations which subsist between the different parts of the body, and from observing morbid excitement in parts very remote from the original seat of the affection. From the connection which exists between the stomach and the brain, we are not surprised in finding the latter organ sometimes participating in the

and the number of the
 children in the family
 The children are named in the same
 manner and after the same
 a further name is given to each
 with a further indication of the name
 and that from which it is derived
 names children of such kind and
 in such order
 that we are enabled to distinguish
 the children when we see them
 without being told their names
 and that in the first and second
 names we find in each case
 the names of the parents and the
 names of the children and the
 names of the children and the
 names of the children and the

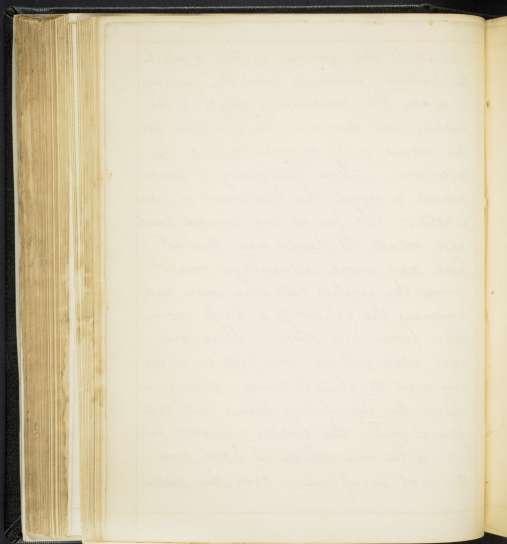
7
derangement, for when the stomach becomes disordered it follows as a natural consequence from its extensively sympathizing with the other parts of the body, that the action of other organs must also be deranged. Hence in this disease the brain must be considered as being affected only secondarily and sympathetically.

Post mortem examinations tend to prove incontestably that the disease in question is of a gastric nature.

The stomach has pretty generally presented an inflamed appearance. Sometimes its coats are thickened and affected with *schirrus*. The liver has also been found in a highly diseased state and the bowels and peritoneum inflamed. These symptoms



added to the gastric distress of which the patient complains from the primary to even the convalescing stages of the disease, will strengthen the assertion that this viscus is the original seat of the affection. Some discrepancy of opinion prevails as regards the treatment of *Mania a potu*. So far as my limited knowledge extends, I should say that I have seen more advantage result from the emetico cathartic course and confining the patient to a dark room than from any other. There are cases when we are compelled at the very onset to abstract blood; others again require the stimulating plan: but as a general rule the emetico cathartic practice is the one which I have seen the most successful. Even this will



require much care for the patient may be so prostrated in a few moments as to render all our exertions abortive in raising him. Whatever course we may pursue will require the utmost vigilance, otherwise we will stand a great chance of losing our patient. The disease to be contended with is a most violent one: at one time venesection and the depleting plan generally will be required and at another the stimulating.

It is therefore well to be on the alert.

The mode of treating mania a potu by emetics was first introduced by Dr Klapp of Philadelphia, which from his report was attended with beneficial results. Imitating in some measure his practice, an emetico cathartic is prescribed, consisting of two grains of ~~loos~~ emetic

to two ounces of sulphas magnesica, or twenty four grains of calomel, two grains of pulverized ipecac, and one of tartar emetic.

By this means the stomach and intestines are emptied of their foul contents. It is perhaps important to observe, that in this as in all kinds of mania the stomach in a great measure, loses its susceptibility to impressions, and on this account the dose administered should be larger than ordinary.

The emetics cathartic seldom fails of preventing or removing the trembling, quivering gastric irritation, reviving the sensibility of the stomach, and calling the afflicted into a peaceful repose.

If after the administration of this medicine these beneficial results are not produced, it may again after a few

hours be repeated according to the condition of the patient. I am aware that evacuations by the bowels have been objected to by some, from an opinion that they so debilitate the patient as not to permit reaction to take place, yet observation and the experience of others strengthen me in the assertion that frequently no such danger is to be apprehended.

In this opinion I am supported by the authority of Dr. Armstrong who attributes much of his want of success in these cases, to his neglecting to evacuate the bowels freely and frequently.

After the operation of the emetic calhartic, a table spoonful of the following medicine given every ^{hour} or so will be found of great service. Calomel twenty four grains, Camphor thirty six, spirit of

nitrous ether, three drachms, antimonial wine
one drachm, mucilage of gum arabic six
ounces, Mince. Or if it is desirable that
the patient should be no more purged
omit the calomel in the camphor mixture
or give a glass of good mint julap.

Should the distressing symptoms be
relieved and the patient not disposed
to sleep, a combination of twenty grains
of calomel with two grains of opium
may be administered, and repeated
in two or four hours if necessary. This
medicine has the property of allaying the
tremors and perhaps of giving the patient
some sleep, and also of producing the
alterative effect of the medicines. Great
benefit results from touching the mouth
and in all cases of mania a potius the
salivary effects of the calomel should be

attended to. Independently of these there are some auxiliaries which must not be dispensed with. Vigilance is among the most troublesome symptoms with which we have to encounter. Sleep is the great desideratum, and when once obtained seems to put to flight all difficulty. Too much importance cannot be given, therefore to the situation of the patient. Light should be entirely excluded from the room at the very commencement of the disease. So long as this stimulus reaches the patient, so long will vigilance continue. So important is the abstraction of light, that I am fully convinced many patients have been lost from this neglect, when the best medical course in other respects has been pursued. Another valuable auxiliary is the cold

bath. When the patient is furious and the pulse and skin will permit, pour three or four gallons of cold water upon him until he is calmed. This is a valuable adjuvant to the emetic cathartic and salivant course, and expedites the operation of the mercury in a very considerable degree. But sometimes notwithstanding all our attention and management, the disease will assume a typhoid form. This is indicated by convulsions, perpetual watchfulness, violent struggles, rapid and thread like pulse, contracted, or dilated pupil, cold and clammy skin. Here it is scarcely necessary to observe, that the plan before pursued would prove deleterious if not destructive. The treatment to be followed is the same as in all low

fevers. Our reliance must be, in opium blisters to the head and neck, camphor carbonate of ammonia and other stimulants. Such is the practice to be pursued in this most loathsome and distressing disease. In the last form of the disease however, we frequently find that all our exertions are useless and that they will die under every mode of treatment.

No 104

C.

N. W. 4th & Chestnut

a very good & useful Essay
on a subject too little known
& alluded to in this country.

Printed March 1828

